

Crystal House Platinum Limited

# Bank House Care Home

## Inspection report

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10 July 2023

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Bank House Care Home is a residential care home providing personal care and support for up to 43 people. The service is also registered to provide nursing care; however, this is currently not provided. At the time of this inspection, 20 people were using the service.

### People's experience of using this service and what we found

Robust governance systems had still not been implemented and embedded, to provide clear oversight of the service and help identify and drive improvements. The provider had failed to employ and retain a registered manager, establishing consistent management and leadership, which is a condition of their registration.

Serious health and safety concerns had yet to be completed ensuring the safety and protection of people living and working at Bank House Care Home. On-going work was required to improve the appearance and hygiene standards within the home.

People's prescribed medicines were not managed and administered safely. Risks to people's health and well-being, such as falls and risk of choking, were not effectively monitored and managed.

An electronic care planning system was in place. Whilst records provided information about people's likes, dislikes and daily routines, other areas lacked sufficient detail or had conflicting information about people's support needs. Accurate and complete paper records were not maintained, omitting people's full names and dates.

Relevant legislation and guidance had not been followed where people lacked the capacity to make decisions for themselves. Records were not personalised and did not show people's relatives or advocates had been consulted with ensuring decisions were made in the person's best interests.

An effective system was not fully in place to evidence that people were supported to eat and drink safely and advice from the speech and language therapy team was followed. Records did not assure us that fluid thickener (used for people with swallowing difficulties) was being administered as prescribed. In addition, new guidance from the speech and language therapist had not been incorporated into one person's care plan.

Due to the concerns identified during the inspection, we could not be assured that people received a high quality, compassionate and caring service.

Records showed team meetings were poorly attended and supervisions were infrequent, providing little information regarding any discussion, review of working practice or additional learning.

Lawful authorisations to deprive people of their liberty were in place, where necessary. People told us they were able to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Appropriate recruitment checks were completed prior to new staff commencing work. Sufficient numbers of staff were available throughout the day; on-going recruitment was taking place to reduce the need for agency staff. A programme of training was available. Staff felt morale was good and they were supported by the deputy manager. People living at the home were complimentary about the staff team. They and their relatives said they would recommend the home to others.

An effective safeguarding system was not fully in place. Systems for the reporting and responding to any concerns were not always followed. Whilst complaints records were requested but not provided, we were advised that no issues had been raised since the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement and remained in special measures (published 19 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. We found sufficient improvements had not been made and the provider remained in breach of the regulations.

This service has been in Special Measures since June 2022. During this inspection the provider has not demonstrated improvements have been made. The service remains in special measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive, effective, and well-led sections of this full report.

#### Enforcement

We have identified 5 breaches in relation to governance, care planning including capacity and consent, health and safety, complaints, safeguarding and medication.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration,

we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Bank House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bank House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bank House is a care home registered for nursing care; however, this is currently not being provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the service did not have a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on 10 July 2023. We visited the service on the 27 June 2023 and 3 July 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and the relatives of 2 people. We also spoke with 8 members of staff including the deputy manager, senior carers, care staff, kitchen staff and the activity co-ordinator.

During the inspection visit we looked at the management of people's medicines and reviewed care plans. We also looked at areas of health and safety, staff recruitment and management systems. Additional evidence, sent to us electronically, was reviewed remotely.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to address areas of health and safety, such as such as legionella and fire safety, so people were kept safe. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- An effective system to assess, monitor and manage risk was not in place.
- There were shortfalls in the management of risk relating to fire safety and legionella.
- Guidance provided by the speech and language therapists to minimise the risk of choking was not being correctly followed by staff.
- Repeated falls were not being monitored and reviewed. Monthly falls audits did not analyse the incidents or identify actions to be taken to minimise further risk or incidents.
- Lessons had not been learned following our previous inspections to ensure a robust and effective system was in place to improve the management of risk.

The continued failure to ensure risks relating to the environment and people's health were effectively managed and acted upon to help keep people safe was a repeated breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They advised us a new falls protocol was being implemented to help monitor and analyse accidents and incidents.

- Staff supported people in a safe and dignified manner, when assisting them to use equipment to aid their mobility. One person told us, "They are always watching me when I am using my walking frame and know when I am tired and need to transfer to a wheelchair."

Using medicines safely

At our last inspection we recommended the provider considered current good practice guidance on the effective storage of medicines and the recording of external creams and take action to update their practice accordingly. Not enough action had been taken and the provider was in breach of Regulation 12.



- Medicines were not managed safely.
- Medicine administration records (MARs) did not accurately reflect stocks available. We saw MARs were completed prior to administering medicines and on one occasion, we saw staff pre-pot medicines. This is not good practice and potentially leads to errors in the administration of medicines. This was being addressed by the provider following our inspection.
- Medicines were not always administered as prescribed. Staff did not always follow specific guidance relating to medicines to ensure these were administered safely.
- Medicines protocols used to guide staff when administering 'when required' medicines were not sufficiently detailed or followed to ensure these were administered consistently.
- Following the inspection visit we contacted the Medicines Optimisation team to request additional support for the service.

The failure to ensure medicines were managed safely was a continued breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They advised us of the action being taken to ensure the safe management and administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was not fully in place. Systems for the reporting and responding to any concerns were not always followed.
- Allegations of abuse had not always been notified to the correct agencies including CQC in a timely manner.

The failure to ensure a robust safeguarding system was in place was a breach of Regulation 13 [Safeguarding people from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at Bank House Care Home. One person told us, "I am safe here because I have good staff around me all day." A family member said, "We can relax when we leave her knowing she is looked after."

Preventing and controlling infection

- An infection control system was in place. Staff had access to PPE and used this in line with government guidance.
- Whilst some areas of the home were clean, other areas needed improving. Cleaning staff were rostered to work 7 days a week. However, we saw cleaning schedules were not completed at the weekend
- People and their relatives said they were happy with hygiene standards within the home. One person said, "The home is kept spotless, and my bedroom is cleaned every day."
- People maintained contact with family and friends. Visitors said staff made them feel very welcome and they were able visit at any time.

Staffing and recruitment

- Staff were safely recruited. The provider carried out pre-employment checks to reduce the risk of unsuitable staff being employed. These included Disclosure and Barring Service checks and obtaining references.
- Due to staff vacancies, agency staff were being used. We were told this was minimal, and the same staff were requested so that continuity of care could be offered.

- We received mixed feedback from people about staffing levels. Comments included, "I feel that they need more staff" and "There are always plenty of staff about if you need any help." However, all those we spoke with said the staff were "excellent."
- During the inspection we saw sufficient numbers of staff were available. This had been enhanced following the appointment of an activity worker. One staff told us, "Staff work well together, we help each other."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Records did not fully evidence that certain decisions made in people's best interests had been assessed in line with the MCA and the appropriate individuals had been involved.

The failure to ensure appropriate consent had been sought in line with the MCA and Codes of Practice was a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Lawful authorisations to deprive people of their liberty had been sought.
- Staff sought people's consent before offering support. People told us, "Staff always ask permission before giving help, they are not intrusive in any way."

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- An effective system was not fully in place to demonstrate that people's needs were assessed, and care and support were delivered in line with best practice guidance and the law. We identified shortfalls relating to medicines management, the monitoring of risk, supporting people with eating and drinking and ensuring the principles of the MCA were followed.

The failure to ensure an effective system was in place so that care was assessed and delivered in line with best practice guidance was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- An effective system was not fully in place to evidence that people were supported to eat and drink safely and ensure advice from health professionals was followed.
- Records did not assure us that thickener used in drinks, for people with swallowing difficulties was being administered as prescribed. In addition, new guidance from the speech and language therapist had not been incorporated into one person's care plan.
- Staff did not always follow the speech and language therapist's guidance when supporting one person to eat.

The failure to ensure people were supported to eat and drink safely and advice from the speech and language therapy team was followed was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were offered choices and enjoyed the meals provided. One person explained, "We have a set menu for the next week ahead. If you don't like what's on offer you can ask for something else, the food is generally very good. We get plenty of snacks and drinks through the day as well."
- A physician associate, linked to the local GP surgery, visited weekly to review people's clinical needs and help minimise hospital admissions.

Staff support: induction, training, skills, and experience

- A programme of staff training was in place. Staff told us a range of e-learning courses and recent 'face to face' training had been held. This included fire marshal training and training in the use of thickeners and continence aids.
- Staff did not always receive regular and meaningful supervision and whilst team meetings had been held they were poorly attended. However, staff said they were kept informed about people's changing needs through a messaging app.
- Staff told us they were happy at work; morale was good, and they felt supported by the deputy manager. Comments included, "[Deputy manager] explains things, very approachable" and "I feel able to raise anything if I need to."
- People and their relatives felt staff had the right skills and training. One person told us, "The staff are very well trained; I use a stand aid and I am happy to use that with the help of 2 staff and I always feel safe."

Adapting service, design, decoration to meet people's needs

- The home was accessible for people with varying needs and abilities.
- Communal areas were spacious; equipment and adaptations were provided throughout to aid people's mobility and promote their independence.
- A home improvement plan was in place to show work being completed to be completed to enhance the environment within the home. This included new carpeting and new furniture.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question Good. The rating for this key question has changed to requires improvement. This meant people were not always well-supported.

Ensuring people are well treated and supported; respecting equality and diversity

- Due to the concerns identified during the inspection, we could not be assured that people received a high quality, compassionate and caring service. We have taken this into account when rating this key question.
- Some staff were more confident and skilled than others when communicating and interacting with people, especially those who exhibited distressed reactions.
- People said staff were caring and supportive. One person told us, "They [staff] always treat me with respect, and I treat them the same." Another added, "When they [staff] shower me, they respect my dignity and cover me up when they can."

Supporting people to express their views and be involved in making decisions about their care

- Records did not fully evidence, where the person lacked the capacity to do so, that decisions made in people's best interests had involved relevant people, so their wishes and feeling were considered.
- People told us they had choice and control over their daily routine. Comments included, "I choose what time I get up and what time I go to bed. I am an early riser and like to be up by 6 am, the staff come and assist me when I wake" and, "I don't sleep very well so the staff often make me a drink during the night. I then lie in until 11ish, the staff know my routine."

Respecting and promoting people's privacy, dignity, and independence

- Work was ongoing to promote people's independence and community presence. The activity worker had recognised opportunities for people could be expanded in these areas.
- People were encouraged to do things for themselves, where possible, helping to maintain their independence. One person told us, "The staff are very kind and patient, they always have a smile on their faces. The staff help me wash and dress, but they let me do as much as I can myself."
- People's relatives felt their loved ones were treated with dignity and respect and staff always asked permission before care was given to them. Relatives said staff were kind and caring and people were always clean and well presented.
- Equipment was available and used by people to help promote their safety and independence such as call bells, walking aids, reclining chairs, and hoists. People had call bells next to their chair so they could call for assistance if needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's care plans were person-centred. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 9; further improvements were required, and the provider was now in breach of Regulation 17 [Good governance].

- Care plans lacked sufficient detail or contained conflicting information about the person's needs.
- A clear and consistent record was not maintained in relation people's current and changing needs. Records did not contain people's full names or dates of completion, so were not easy to follow.

The failure to ensure accurate and complete records relating to people's care were maintained, was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People or their relatives were involved in developing their care plan. One person told us, "I am involved with my care plan, and I was involved when it was reviewed."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place for the reporting and recording of any complaints or concerns.
- During the inspection we asked to review any complaint records and actions taken. Several requests were made for this information, but records were not provided for us to review. We were advised following the inspection that no complaints have been received since the last inspection.
- People felt able to raise their concerns with staff or the deputy manager. One person told us, "I have no complaints here, everything is ok. I would speak to any of the girls if I was unhappy."

End of life care and support

- Staff had completed training in 'Death, dying and bereavement'.
- Where shared, people's wishes at the end of their life, were recorded within their care plan.
- Staff told us they would liaise with the GP and district nurse team for additional support where someone needed additional healthcare support when approaching the end of their life.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure people were offered meaningful activities and opportunities to promote their autonomy, choice, and involvement. This was a breach of Regulation 10 [Dignity and respect] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- Work was ongoing to help ensure people's social needs were met.
- The service had recently appointed an activity worker. People and relatives told us the appointment had made a positive difference. One person told us, "[Activity worker] is very good. We have been having sing songs, quizzes, bingo. We been asked what we would like to do." A relative commented, "[Person] is taking part in activities they can do; they do like the chair exercises and catching the balls."
- Information was being gathered about people's individual hobbies and interests and opportunities both within the home and out in the local community were being explored.
- The activity worker also spent time with those people who stayed in their own rooms and would leave quizzes for them to do. A relative said, "When I visit, [person] gets quite animated and loves telling me what they've been talking about and showing me the quiz answers."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. Staff had good knowledge of people's communication needs.
- Pictorial menus were used to support people's understanding of the food available.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. The rating for this key question has remained Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure the management team had developed a better understanding of the regulations and how these could be met. Systems needed to be fully implemented and embedded to evidence ongoing and continuous improvement. This was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- An effective governance system was not in place. We identified multiple shortfalls across the service in relation to medicines management, safeguarding systems, the assessment of risk, care planning, supporting people with eating and drinking and the provision of complaints records to CQC.
- Audits provided little evidence of evaluation, areas for improvement, or identified the shortfalls found during this inspection.
- A system to ensure regulatory requirements were met was still not in place. We have carried out 4 inspections of the service since the new owners took over the service in 2020. The provider has been in breach of the regulations at all of these inspections and has been in Special Measures since June 2022.
- The service has not had a manager registered with CQC since March 2022. Several management appointments had been made; however, these have not been successful. The provider had not established consistent management and leadership, which is a condition of their registration.

The failure to ensure robust systems were in place to evidence clear management and oversight of the service and compliance with the regulations was a continued breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager was currently in day-to-day charge of the service with support from a manager registered at a second service owned by the provider. We were told the support manager was to apply to register for Bank House Care Home.
- People we spoke with were not aware the previous manager had left. However, those we spoke with said



they knew who the deputy manager was and that they were approachable. One person said, "I did not know [manager] had left. [Deputy manager] is very approachable and always chats when he is about."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- An effective system to engage and involve people, relatives and staff in the service was not fully in place.
- People and their relatives said they had not been asked to complete a feedback questionnaire or attend 'resident and relatives' meetings. We were shown 5 responses to a recent survey. The survey was not specific to Bank House Care Home but from an external agency.
- Records showed that staff team meetings were poorly attended, and staff supervisions were infrequent, providing little information regarding any discussion, review of working practice or additional learning.

The provider responded after the inspection. They informed us the home manager has been advised to send feedback questionnaires and conduct regular resident and relative meetings and staff meetings.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People living at the home were complimentary of the staff team. They and their relatives said they would recommend the home to others. They told us, "I would recommend this home because the staff are excellent, they do anything for you" and "I would recommend this home to other people; the food is good, and the staff are very good."
- Staff told us they were happy in their role and felt supported by the deputy manager. Staff felt the appointment of the activity worker helped them in their role as well as enhanced the daily routines and experiences of people. One staff member told us, "Really great, big help and improving things for people."

Working in partnership with others

- The service continued to receive regular monitoring visits from the local authority. An action plan had been developed to address areas of contract compliance and the regulations.
- The service worked with health care professionals who were involved in people's care and treatment.
- The activity worker was exploring opportunities within the local community, such as local schools to see if they could engage with the children in some way, providing further opportunities to enhance the experiences of people living at Bank House Care Home.